

Case Number:	CM14-0019882		
Date Assigned:	04/28/2014	Date of Injury:	10/05/2009
Decision Date:	07/08/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	02/18/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The Patient is an employee of [REDACTED] who has submitted a claim for low back pain associated with an industrial injury date of 10/5/2009. Treatment to date has included home stretching exercises, physical therapy and chiropractic sessions, diagnostic facet blocks. Medications taken include, Vicodin 5/325mg/tab prescribed on 10/8/12. He occasionally takes Norco and Mobic, Lodine, Tylenol, Flector patches, Butrans patch, Voltaren gel, Lyrica, Nucynta and Prevacid. Dosages and frequencies of the medications mentioned were not stated in the records. The medical records from 2012-2014 were reviewed which showed ongoing stabbing left-sided back pain that shoots down his left leg and intermittent muscle spasms. He mentioned a 50% functional improvement with the medications given to him. His current pain scale was 8/10. Physical examination showed limited range of motion on his lower back. Forward flexion measures 30 degrees, extension 5 degrees with left-sided back pain. Right and left straight leg raising are both positive at 80 degrees. SI joint compression positive on the left, negative on the right. Gaenslen's maneuver positive on the left. Deep tendon reflexes remain +1 at the knees and ankles. Toes are downgoing to planter reflex bilaterally. Palpation reveals muscle rigidity in the lumbar trunk with loss of lordotic curvature. MRI of the lumbar spine showed mild L4-5 and L5-S1 central canal stenosis with moderate bilateral lateral recess stenosis at L4-5. Multilevel facet hypertrophy was noted. In a utilization review from 01/16/2014 modified the request for Vicodin 5/325mg #60 to 1 prescription of Vicodin 5/325mg #21 between 1/6/2014 and 3/15/2014 due to lack of continuing overall improvement in terms of pain level and function associated with its use.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

VICODIN 5/325MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Vicodin.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

Decision rationale: As stated on page 91 of CA MTUS Chronic Pain Treatment Guidelines, Vicodin is combination of hydrocodone and acetaminophen. Guidelines do not recommend long term use of opioids and continued use without documented evidence of objective and functional improvement. Opioids should be continued if the patient has returned to work and the patient has improved functioning and pain. A slow taper to prevent withdrawal is recommended if discontinuing opioids is appropriate. In this case, the patient has been taking Vicodin since at least October 2012. Medical records submitted and reviewed showed improvement in pain upon taking the medication. However, records do not provide evidence of objective or functional improvement associated with its use. Patient also began weaning off of Vicodin in 8/30/2013. Patient has not returned to work. The medical necessity for sustained opioid use has not been established. CA MTUS requires clear and concise documentation for continued opioid management. Therefore, the request for Vicodin 5/325mg #60 is not medically necessary.